1300526

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
**Form must be Typed**
**Form must be completed on a per well basis**

# ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

***Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.***

OPERATOR: License # 6980
Name: McClelland, Larry dba McClelland Oil
Address 1: 2600 N CHASE
Address 2:
City: EL DORADO State: KS Zip: 67042 + __ __ __ __
Contact Person: Pamela K Smith
Phone: ( 316 ) 323-2108
Lease Name: MUSTARD
Well Number: 10

API No.: 15-073-19506-00-01
Permit No: E19159.1
Reporting Year: 2015
*(January 1 to December 31)*

____ - SE - SE - SW Sec. 12 Twp. 26 S. R. 9 ☑ E ☐ W
*(Q/Q/Q/Q)*
330 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Greenwood

**I. Injection Fluid:**

Type *(Pick one)*: ☑ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 0 mg/l Specific Gravity: 34.5 Additives: 0
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 600 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 0 | | 0 | | |
| September | 0 | | 0 | | |
| October | 0 | | 0 | | |
| November | 0 | | 0 | | |
| December | 0 | | 0 | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically